STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in the community of the community	(Check if name Example: If typying, ty is changed) over the lines	
FREEDOM PR	ОЈЕСТ; ТНЕ	
ADDRESS (number and s	631-B Pennsylvania Ave., SE	
(Check if address is changed)	Washington	DC 20003 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) waskew@freedomproject.org	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) www.freedomproject.org	
 DATE M M M M O 3 FEC IDENTIFICA IS THIS STATEM 	1 6 2 0 1 0 TION NUMBER C C00305805	(A)
I certify that I have examined and Type or Print Name of	ned this Statement and to the best of my knowledge and belief it is true, co	orrect and complete
Signature of Treasurer	Electronically Filed by Mary Clancy	Date
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing t	
Office Use Only	For further information of Federal Election Countries 800-424	commission FEC FORM 1 -9530 (Revised 02/2009)

FE	EC Form 1 (Revised 02/2009)	Page 2			
	OF COMMITTEE (Check One) ate Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate			
Name o Candida					
Candida Party Af		State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o Candida					
Party C	ommittee:				
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
Politica	I Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
	Corporation Corporation w/o Capital Stock Lab	oor Organization			
	Membership Organization Trade Association Co	operative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	ndraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political			
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser				
	1. FEC ID number				
	2 FEC ID number C				
	3 FEC ID number C				
	FEC ID number				

CITY▲ STATE ★ ZIP CODE ★ Relationship: Connected Organization	FEC Form 1 (Revised 0)	2/2009)			Pag	je 3
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Boehner for Speaker Committee Mailing Address 7908 Cincinnati Dayton Road State A ZIP CODE A Relationship: Connected Organization Affiliated Committee CITY A STATE A ZIP CODE A Fedationship: Connected Organization 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name	Write or Type Committee Name					
Boehner for Speaker Committee	FREEDOM PROJECT; 1	'HE				
Mailing Address Telephone number Telephone nu	6. Name of Any Connected Or	ganization, Affiliated Committee,	Joint Fundraising Representativ	re, or Leadershi	p PAC Spon	sor
Suite I West Chester CITY▲ STATE▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sport Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mailing Address 1701 Esquire Lane Mclean VA 22101 - 475 Title or Position ▼ Custodian of Records Telephone number 703 - 989 - 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 1701 Esquire Lane Mclean VA 22101 - 475 Mclean	Boehner for Speaker Co	mmittee				
Suite I West Chester CITY▲ STATE▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sport 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mary Clancy Milling Address 1701 Esquire Lane MICLEAN Title or Position ▼ Custodian of Records Telephone number 703 - 989 - 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Miclean VA 22101 - 475				<u> </u>	<u> </u>	1 1 1
Suite I West Chester OH A5069	Mailing Address	7908 Cincinnati	Dayton Road		1 1 1 1	1 1 1
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sport 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mary Clancy Malling Address 1701 Esquire Lane Mclean VA 22101 475 Title or Position V CITY A STATE ZIP CODE A Custodian of Records Telephone number 703 989 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 475	ag / taa. see	Suite I				
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sport 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 475 Title or Position ▼ Custodian of Records Telephone number 703 989 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 475 Mclean VA 22101 475		West Chester	<u> </u>	<u> </u>	45069	6628
Title or Position ▼ CITY ★ STATE ★ ZIP CODE ★ Custodian of Records 7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Mary Clancy Malling Address 1701 Esquire Lane Mclean VA 22101 475		CITY▲	STA	.TE ≜	ZIP COD	E 🛦
7. Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 _ 475 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Custodian of Records Telephone number 703 - 989 - 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 _ 475	Relationship:					
possession of Committee books and records. Full Name Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 _ 475 Title or Position ▼ Custodian of Records Telephone number 703 - 989 - 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 _ 475	Connected Organization	Affiliated Committee	X Joint Fundraising Represen	tative Lea	adership PAC	Sponsor
Mclean VA 22101 475 Title or Position	possession of Committee	books and records.	e number optional), and po	sition of the pe	erson in	
Title or Position V CITY A STATE A ZIP CODE A Custodian of Records Telephone number 703 - 989 - 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 - 478	Mailing Address	1701 Esquire La	ane			
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 - 475		Mclean		<u> </u>	22101 _	4755
Telephone number 703 - 989 - 61 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 - 475	Title or Position ♥	CITY A	ST#	ATE&	ZIP COD	ΕA
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 – 475	·					6167
name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 – 475						
Mary Clancy Mailing Address 1701 Esquire Lane Mclean VA 22101 - 475				he committee;	and the	
	Mont	Clancy				
	Mailing Address	1701 Esquire La	ane			
Title or Position ♥ CITY A STATE A ZIP CODE A		Mclean		<u>'A</u>	22101 _	4755
	Title or Position ♥	CITY A	STA	ATE A	ZIP COE	DE A
Treasurer Telephone number	Treasurer		Telephone number	703 _	989 _	6167

	FEC Form 1 (Revised 0)2/2009)		Page 4
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
		Telep	phone number	
9.	Banks or Other Depositorie safety deposit boxes or mainta Name of Bank, Depository, et	ains funds.	committee deposits funds, hold	ds accounts, rents
		Financial Bank		
	Mailing Address	7795 Tylersville Road		
		West Chester	OH L	45069 _ 2592
		CITY 🗖	STATE △	ZIP CODE 🛕
	Name of Bank, Depository, et	с.		
	Chair	n Bridge Bank		
	Mailing Address	1445 Laughlin Avenue		
		Suite A		
		Mclean		22101 _ 5737
		CITY 🗖	STATE △	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee stunds.	e deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🙇	STATE. △	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leade	[ADDITIONAL]
Hon. John A. Boehner			
Mailing Address	7371 Charter Cup Lane		
	West Chester	OH L	45069 - 4676
Relationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repre	esentative X Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE ∆	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant	· · ·		[ADDITIONAL]
1	FEC	ID number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the commiss funds.	ttee deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
L			
	CITY 🗻	STATE₄	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Rep	resentative, or Leade	[ADDITIONAL ership PAC Sponsor
Mailing Address	1701 Esquire Lane		
	Mclean	_J L <mark>VA</mark> J L	22101
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Rep	presentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
G			
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Telepho	one number	
Joint Fundraiser Participant			[ADDITIONAL]
		EC ID number	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	ee deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ADDITIONAL]
Mailing Address			
L			
L			
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Joint Fundraising Repre	esentative, or Leado	[ADDITIONAL] ership PAC Sponsor
		1 1 1 1 1 1	
Mailing Address	1701 Esquire Lane		
	Mclean		22101 - 4755
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Repre	esentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ∆	ZIP CODE A
	Telephon	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	C ID number C	